U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 12670

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	0 / 200y Through: [2 / 3] / Zecy
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name PAULD R FILLMAN	Name AFSCME COUNCIL 13
•	Labor Organization File Number 071-060
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 1877 GRAMERLY PLACE	Street 4031 Executive Parts Drive
CITY HUMMELSTOWN	City HARRISBURG
State PA ZIP Code + 4 17036	State PA ZIP Code + 4 17/11-1599
5. Position in labor organization. EXECUTIVE D	IRECTOR
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the differentian contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.)	
Signed Million	On 8/13/05 717-56 4-9 312  Date Telephone Number

Name of Person Filing DAN 10 FILLMAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly of dealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business bly seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trace name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the second	r parts A and B abova) or other thing of value.  14.a. Nature of payment.  () - BASKET OF SNACKS  FOR MY ROOM FOR  (ONUEVITION - May, 2004)  \$50-
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment, \$50 -

Name of Person Filing DAVID FILLMAN	1 File Number U-	
Name of Person Filing DAUID FILLMAN	O Prio Nulliber 0-	
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, If any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
Street	·	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name DFB-KAY SPECIALTY PROXITS	14.a. Nature of payment.  1) 1- BASKET A FOR CONVENTION  IN MY MOOM - May, 2004-	
Name DFB-KAY SPECIALTY PRODUCTS	I in my room - May, 2004-	
Trade Name, if any:	2) 1- BASKET of Chocalocats- (\$50-exech basker)	
P.O. Box, Bldg., Room No., if any	1 4 1 1 1 1 1	
Street PAXTON STO	(50 each basket)	
State PA ZIP Code +4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.  Approx. 900 -	

Name of Person Filling DAUID FILLMAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	or other thing of value.  14.a. Nature of payment.  1) I ticked to Steelers  VS. Eagles game - Owners  Box-w/snacks-OctoBER, 2004	
13.b. is the Business an Employer ar Consultant?	14.b. Amount of payment.  Don'T know	

Name of Person Filling DAVY TILLMAN	· File Number U-
B. Held an interest in or derived income or exmornic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly or	ise dealing with the business ely seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde	12.b. Amount.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name MEDCO HEALTH SOLUTIONS IN.,  Trade Name, if any:  P.O. Box, Bidg., Room No., if any PO Box 2187  Street  City LEE'S SUMMITT  State MO ZIP Code + 4 64063.	14.a. Nature of payment.  1) Diriner in New Orleans LA  - Recember, 2004
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.  Dan't Know

B. Held an interest in or derived income or exmonic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  D. D. Box, Bidg., Room No., if any  Street  Cay  State  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  9. Business deals with:  a. Labor Organization  b. Trust  P.O. Box, Bidg., Room No., if any  Street  City  State  2IP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	
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Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  2/IP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	
P.O. Box, Bldg., Room No., if any  Street  City  State  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  11.a. Nature of such dealing.	
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State	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  11.a. Nature of such dealing.	
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P.O. Box, Bldg., Room No., if any	
Street	
City 12.a. Nature of interest held or income received.	
State ZIP Code + 4	
12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant  14.a. Nature of payment.	
(including trade name, if any).	D -
Name KIRSHNER & CATRELC-LAW FIRM \$175-	
Trade Name, if any:	
Head Harry, It drift	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street   SY5 WALNUT ST:	

Name of Person Filing DAUID FILL MI	A Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  21P Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name WILLIG WILLIAMS & DAVINSON  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.  1) Liquor - 7= 6REY GOOSE -25-7 \$67-1-KAHLUA -\$17-7 \$67-2) 4-PHILLIES TICKETS -140 \$160-8112-104	
Street 1845 WALNUT ST.  City PHILADEUPHIA  State PA ZIP Code +4 1903	3) 2 - EAGLES TICKETS - 940- 11/21/04 - VS. Redstans	

or Consultant

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14.b. Amount of payment.

13.b. Is the Business an Employer